

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 6-25-01 through 7-23-01.
- b. The request was received on 5-30-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOBs/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Letter Responding to Request for Dispute Resolution
 - b. HCFA(s)
 - c. EOBs/Medical Audit summary
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 7-10-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 7-12-02. The response from the insurance carrier was received in the Division on 7-26-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of A letter Requesting Additional Information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 5-21-02:

"The relevant issue involves (Carrier's) contention that the amount they reimbursed (Provider) for the services provided is reasonable. (Provider) billed at a rate of \$150.00 per hour for multidisciplinary, chronic pain management services. (Carrier) reimbursed (Provider) at a rate of \$80.00 per hour. It is (Provider's) assertion that the amount

reimbursed is not reasonable, and, in fact, is considerably less than the standard level of reimbursement established in the State of Texas for such services.... (Provider) conducted a study across a large sample of insurance carriers in 45 different chronic pain management programs looking at the reimbursement for 242 chronic pain patients seen by (Provider) from 1998 to the present. This research clearly established that the average rate of reimbursement for chronic pain programs in Texas is \$105.00 per hour....A sample of EOBs also has been included from the major carriers...(Carrier's) rate for non-CARF accredited chronic pain management program services is almost 25% lower than the average rate of reimbursement in Texas paid for like services by other carriers (\$80 vs. \$105)."

2. Respondent: Letter dated 7-25-02:
“(Provider) has established a billing rate of \$150.00 per hour which has bee [sic] disputed by the carrier. The TWCC Medical Fee Guidelines have not adopted a MAR for the provided service. Accordingly, the health care provider must bill its usual and customary fee, and the carrier must reimburse at a fair and reasonable rate. In its 05/21/02, letter, (Provider) appears to argue that the fee it charges is fair and reasonable because other carriers have paid on average \$105.00 per hour. First evidence of what other carrier's [sic] have paid does not constitute proof that (Provider's) charges are fair and reasonable; it only proves that (Provider) is billing its usual and customary fee, which is not in dispute.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 6-25-01 through 7-23-01.
2. The carrier denied the billed services as reflected on the EOBs as, “FEES – F – THE PROCEDURE CODE IS REIMBURSED BASED ON THE MEDICAL FEE SCHEDULE. IF ONE IS NOT MANDATED, THE UCR ALLOWANCE IS REIMBURSED FOR THE ZIP CODE AREA”
3. Reaudit dated 5-22-02; “Maximum Fee Schedule rate has been paid for these services”.
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6-25-01 6-26-01 6-27-01 6-28-01 6-29-01 7-2-01 7-3-01 7-5-01 7-6-01 7-9-01 7-10-01 7-11-01 7-12-01 7-13-01 7-16-01 7-17-01 7-18-01 7-19-01 7-20-01 7-23-01	97799-CP for all dates of service	\$862.50 \$900.00 \$900.00 \$787.50 \$600.00 \$787.50 \$1050.00 \$825.00 \$600.00 \$862.50 \$862.50 \$900.00 \$862.50 \$487.50 \$937.50 \$1050.00 \$750.00 \$787.50 \$337.50 \$900.00	\$480.00 \$480.00 \$480.00 \$400.00 \$320.00 \$440.00 \$560.00 \$480.00 \$320.00 \$480.00 \$480.00 \$480.00 \$320.00 \$560.00 \$560.00 \$400.00 \$480.00 \$240.00 \$480.00	FEES	DOP No MAR	MFG: Medicine Ground Rules (II) (G); General Instructions (III) (VI); TWCC Rule 133.307 (g) (3) (D); TWCC Rule 133.307 (g) (3) (E); CPT Descriptor	<p>The Carrier has denied the disputed CPT Codes as "FEES" and "Maximum Fee Schedule rate has been paid for these services".</p> <p>The carrier has reimbursed the provider \$80.00 per hr. The Provider has billed \$150.00 per hr.</p> <p>There is no fee schedule for CPT Code 97799-CP. Reimbursement is to be calculated at a fair and reasonable charge.</p> <p>The Provider has submitted example EOBs that have not been fully redacted. TWCC Rule 133.307 (g) (3) (E) states, "Prior to submission, any documentation that contains confidential information regarding a person other than the injured employee for that claim or a party submitting the documentation, to protect the confidential information and the privacy of the individual. Unredacted information or evidence shall not be considered in resolving the medical fee dispute." Therefore, no additional reimbursement is recommended.</p>
Totals		\$16,050.00	\$8,920.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 18th day of March 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/II